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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 05 0 1 2010 05 3 1 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 06 17 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/83

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

American Hospital Association PAC

D " D 05 0 1 2010 0.5 31 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 2190847.18 January 1 (b) Cash on Hand at 2364886.21 Begining of Reporting Period 94257.06 602340.12 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2459143.27 2793187.30 6(a) and 6(c) for Column B) 701617.98 367573.95 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 2091569.32 2091569.32 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 83

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

м м 0 5

From:

D D D

2010

To:

м м 0 5 D D 31

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	34854.30	202862.09
	(ii) Unitemized	18964.32	64433.08
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	53818.62	267295.17
((b) Political Party Committees	0.00	0.00
,	(c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	53818.62	267295.17
	Transfers From Affiliated/Other Party Committees	35000.00	321100.00
3. /	All Loans Received	0.00	0.00
	oan Repayments Received Street To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
t	Political Committees	5250.00	12750.00
	Other Federal Receipts (Dividends, Interest, etc.)	188.44	1194.95
	Transfers from Non-Federal and Levin Funds		
((a) Non-Federal Account (from Schedule H3)	0.00	0.00
((b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	94257.06	602340.12
	otal Federal Receipts subtract Line 18(c) from Line 19)	94257.06	602340.12

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 83

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	618.41	10994.94
(c) Total Operating Expenditures	618.41	10994.94
(add 21(a)(i), (a)(ii) and (b))	010.41	10994.94
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	115500.00	438975.00
4. Independent Expenditure	251455.54	251455.54
(use Schedule E)5. Coordinated Expenditures Made by Party	231433.34	201400.04
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	0.00	192.50
). Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
·	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	367573.95	701617.98
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	207572.05	704047.00
from Line 31)	367573.95	701617.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 83

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	53818.62	267295.17
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	53818.62	267295.17
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	618.41	10994.94
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	618.41	10994.94

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 83 (check only one) X 11a
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Mr. Steve Dobbs Mailing Address 1120 South Utica City Tulsa	State Zip Code OK 74104-4090	Date of Receipt M M
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Hillcrest Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date 500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Rex Jones Mailing Address P O Box 1038		Date of Receipt 0 5 1 0 2 0 1 0
	City	State Zip Code	Transaction ID: 18241167
	Okmulgee FEC ID number of contributing federal political committee.	OK 74447-1038	Amount of Each Receipt this Period 250.00
	Name of Employer Okmulgee Memorial Hospital	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) Mr. James D Moore, , FACHE Mailing Address 1201 Health Center Pa	rkway	Date of Receipt
		•	05 10 2010
	City Yukon	State Zip Code OK 73099-6381	Transaction ID: 18241168 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer INTEGRIS Canadian Valley Regional Hosp	Occupation President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)		1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may no name and addres	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Mr James Eyler Mailing Address 340 Hospital Drive			Date of Receipt 0 5 0 6 2 0 1 0
	City Macon	State GA	Zip Code	Transaction ID: 18242330
	FEC ID number of contributing federal political committee.	C	31217-3838	Amount of Each Receipt this Period 250.00
	Name of Employer Coliseum Psychiatric Center Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Chief Execu Aggregate Yea		
_ 3.	Full Name (Last, First, Middle Initial) Mr. Lamar Lyle Mailing Address Post Office Box 44			Date of Receipt 0 5 0 6 2 0 1 0
	City	State	Zip Code	Transaction ID: 18242351
	<u>Dalton</u>	GA	30722-0044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Hamilton Medical Center	Occupation Board Chair	man	
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 500.00]
 ;.	Full Name (Last, First, Middle Initial) Mr. Matthew Crouch			Date of Receipt
-	Mailing Address 2151 Peachford Road			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
	City	State	Zip Code	Transaction ID: 18242352
	<u>Atlanta</u>	GA	30338-6534	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Peachford Behavioral Heal- th System	- '	tive Officer and Managin	g Ф
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor Mailing Address 325 Seventh Street, NV	W	Date of Receipt
	Suite 700		05 12 2010
	City Washington	State Zip Code DC 20004-2818	Transaction ID: 18270938
	FEC ID number of contributing federal political committee.	C 20004-2816	Amount of Each Receipt this Period
	Name of Employer American Hospital Associa- tion-Washingt Receipt For:	Occupation Director, Political Action & Grassroo Aggregate Year-to-Date	t
	Primary General Other (specify) ▼	330.00	
. –	Full Name (Last, First, Middle Initial) Mr Patrick Boran		Date of Receipt
	Mailing Address 3300 Oakdale Avenue	North	05 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 18271633
	Robbinsdale	MN 55422-2926	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer North Memorial Health Care	Occupation Chief Financial Officer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr. David W Cress		Date of Receipt
	Mailing Address 3300 Oakdale Avenue	North	05 05 2010
	City	State Zip Code	Transaction ID: 18271635
	Robbinsdale	MN 55422-2926	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer North Memorial Health Care	Occupation President and Chief Executive Office	er
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
	NUDTOTAL of Descripts This Days (subless)		760.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
0	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Mr. Bill Nelson Mailing Address P.O. Box A City Onamia FEC ID number of contributing federal political committee. Name of Employer Mille Lacs Health System Receipt For: Primary General Other (specify)	State Zip Code MN 56359-7901 C Occupation Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 5 / 2 0 1 0 Transaction ID: 18271655 Amount of Each Receipt this Period 250.00
В.	Full Name (Last, First, Middle Initial) Mr. Brock D Nelson Mailing Address 640 Jackson Street City Saint Paul FEC ID number of contributing federal political committee. Name of Employer Regions Hospital Receipt For: Primary General Other (specify)	State Zip Code MN 55101-2595 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 5
 C.	Full Name (Last, First, Middle Initial) Mr. Tim Rice Mailing Address 49725 County 83 City Staples FEC ID number of contributing federal political committee. Name of Employer Lakewood Health System Receipt For: Primary General Other (specify)	State Zip Code MN 56479-5280 C Occupation President Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	SUBTOTAL of Receipts This Page (optional)	>	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 83 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC	, , , , , , , , , , , , , , , , , , , ,	
Full Name (Last, First, Middle Initial) Mr. Matthew D Bailey, , FACHE		Date of Receipt
Mailing Address 665 Ironwood Drive		05 D D Z 2010
City	State Zip Code	Transaction ID: 18272425
Avon	IN 46123-9458	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Clarian West Medical Cent- er	Occupation Hospital President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. David R Doerr		Date of Receipt
Mailing Address 1606 North Seventh S	Street	05 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18272429
Terre Haute	IN 47804-2706	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Union Hospital	Occupation Hospital Chief Executive Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Ms. Penny Brooke		Date of Receipt
Mailing Address 2879 Jennie Lane		05 07 Y Y Y Y Y
City	State Zip Code	Transaction ID: 18272444
Salt Lake City	UT 84117-5513	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Intermountain Healthcare, Inc.	Occupation Trustee	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
	I	1350.00

SCHEDULE ITEMIZED I	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1 (check only one) X 11a	1 / 83 12 16 17
or for commercial	opied from such Reports and St purposes, other than using the MMITTEE (In Full)	atements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such commit	tions ttee.
American H	ospital Association PAC				
A. Dr Roger Leon	- ' '			Date of Receipt	
	ss 1706 Split Tree Circle			05 10 20	0 1 0
City <u>Potomac</u>		State MD	Zip Code 20854	Transaction ID: 18284538 Amount of Each Receipt this Pe	riod
FEC ID number federal political	er of contributing I committee.	С			5.00
Name of Empl Montgomery C al	oyer General Hospit-	Occupation Vice Pres	n sident Medical Affairs		
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	Year-to-Date ▼ 255.00		
Full Name (La Ms. Peggy Nale Mailing Addres				Date of Receipt	YY
	Too Last Garron Giroot		7:- Oada	05 10 20	0 1 0
City Salisbury		State MD	Zip Code 21801-5422	Transaction ID: 18284543 Amount of Each Receipt this Pe	riod
•	er of contributing I committee.	С			5.00
Name of Empl Peninsula Reg System	oyer jional Health	Occupation President	n t and Chief Executive Office	r	
Receipt For: Primary Other (s	General pecify) ♥	Aggregate	Year-to-Date ▼ 255.00]	
Full Name (La Ms Carolyn Bei	st, First, Middle Initial) ngston			Date of Receipt	
Mailing Addres	ss 2400 North Rockton Av	renue		05 10 / Y Y) 1 0
City Rockford		State IL	Zip Code	Transaction ID: 18284577	
-	er of contributing I committee.	C	61103-3655	Amount of Each Receipt this Pe	0.00
Name of Empl Rockford Men	oyer norial Hospital	Occupation Administ			
Receipt For: Primary Other (s	General	Aggregate	Year-to-Date ▼ 500.00		
SUBTOTAL of F	Receipts This Page (optional)			101	0.00
	riod (last page this line number of				

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 12 / 83 (check only one) X
7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	name and ad	dress of any political committee to	solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Mr. Jeffrey Brickman			Date of Receipt
	Mailing Address 333 North Madison Stre	eet		05 10 2010
	City	State	Zip Code	Transaction ID: 18284578
	Joliet	<u> </u>	60435-8200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Provena Saint Joseph Medi- cal Center	Occupatio Presiden	n t and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
– В.	Full Name (Last, First, Middle Initial) Helen Brooks			Date of Receipt
.	Mailing Address 2400 North Rockton Av	/enue		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18284580
	Rockford	IL	61103-3655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Rockford Memorial Hospital	Occupatio	n e Director, Foundation	
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) Mr. William R. Dilts			Date of Receipt
	Mailing Address 11873 Warblers Way			05 10 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18284584
	Roscoe	<u>IL</u>	61073-7541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Rockford Memorial Hospital	Occupatio Vice Pre		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate for each cate Detailed Sum	gory of the	FOR LINE NUMBER: PAGE 13 / 83 (check only one) X 11a 11b 11c 12 12 13 13 14 15 16 16
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA	the name and address of any polit	sed by any person ical committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Kathleen Dunn Mailing Address 700 South Second	Street		Date of Receipt
City Springfield FEC ID number of contributing	State Zip Code IL 62704-251	6	Transaction ID: 18284585 Amount of Each Receipt this Period 500.00
Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify)	Occupation Vice President Aggregate Year-to-Date	500.00	
Full Name (Last, First, Middle Initial) Mr. Michael S Eesley Mailing Address P O Box 1990			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Woodstock FEC ID number of contributing federal political committee.	State Zip Code IL 60098-199)	Transaction ID: 18284586 Amount of Each Receipt this Period 500.00
Name of Employer Centegra Hospital - Woods- tock Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Ex Aggregate Year-to-Date		
Full Name (Last, First, Middle Initial) Anna Evans Mailing Address 701 North Fisrt Stre	eet		Date of Receipt
City Springfield	State Zip Code IL 62704		Transaction ID: 18284587 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Memorial Medical Center	Occupation Vice President of Com	plianes	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date		
SUBTOTAL of Receipts This Page (optional	I)	.	1250.00

A. Full Man Procal Reco	ommercial purposes, other than using the ME OF COMMITTEE (In Full) erican Hospital Association PAC Name (Last, First, Middle Initial) Elizabeth Garrow ing Address 6419 South Garfield Av	tatements may not be sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any political committee to sold or used by any person name and address of any per	Date of Receipt Date of Receipt
Am Full Ms Ms Ms Ms Ms Ms Ms Ms	erican Hospital Association PAC Name (Last, First, Middle Initial) Elizabeth Garrow ing Address 6419 South Garfield Av Tr Ridge C ID number of contributing eral political committee. The of Employer vena Saint Joseph Medi- Center eipt For: Primary General	State Zip Code IL 60527-5237 C Occupation Foundation President Aggregate Year-to-Date 250.00	0 5 1 0 2 0 1 0 Transaction ID: 18284588 Amount of Each Receipt this Period
A. Ms Mail City Bull FEC fede Nan Pro cal Rec Full Mail	Elizabeth Garrow ing Address 6419 South Garfield Aver Ridge C ID number of contributing eral political committee. The of Employer evena Saint Joseph Medicenter eipt For: Primary General	State Zip Code IL 60527-5237 C Occupation Foundation President Aggregate Year-to-Date 250.00	0 5 1 0 2 0 1 0 Transaction ID: 18284588 Amount of Each Receipt this Period
City Bull FEC fede Nan Pro cal Rec Full Mail	r Ridge C ID number of contributing eral political committee. The of Employer vena Saint Joseph Medicenter eipt For: Primary General	State Zip Code IL 60527-5237 C Occupation Foundation President Aggregate Year-to-Date 250.00	Transaction ID: 18284588 Amount of Each Receipt this Period
Bull FEC fede Nam Pro cal Rec	r Ridge C ID number of contributing eral political committee. The of Employer vena Saint Joseph Medicenter eipt For: Primary General	Occupation Foundation President Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
FEC fede Nam Pro cal Rec	D ID number of contributing eral political committee. The of Employer vena Saint Joseph Medicenter eipt For: Primary General	Occupation Foundation President Aggregate Year-to-Date 250.00	
Reco	ne of Employer vena Saint Joseph Medi- Center eipt For: Primary General	Foundation President Aggregate Year-to-Date ▼ 250.00	-
Full Mr F	eipt For: Primary General	250.00	
B. Mr F Mail			
	Name (Last, First, Middle Initial) Robert W Kay		Date of Receipt
Citv	ing Address 701 North First Street		05 10 2010
•		State Zip Code	Transaction ID: 18284593
FEC	ringfield CID number of contributing eral political committee.	IL 62781-0001	Amount of Each Receipt this Period 250.00
	ne of Employer norial Medical Center	Occupation Senior Vice President and Chief Finance	-
Rec	eipt For:	Aggregate Year-to-Date ▼	<u>-</u>
	Primary General Other (specify) ▼	250.00	
	Name (Last, First, Middle Initial) John Rhoades		Date of Receipt
Mail	ing Address 1141 Midwest Lane		05 10 YYYY 2010
City	eaton	State Zip Code IL 60189-7382	Transaction ID: 18284612
FEC	CID number of contributing eral political committee.	C 60109-7302	Amount of Each Receipt this Period 250.00
Nan Roo	ne of Employer kford Memorial Hospital	Occupation Chief Operating Officer	-
Rec	eipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBT	OTAL of Receipts This Page (optional)	>	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 83 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any personal part of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Kevin Ruggles Mailing Address 2400 North Rockton A City Rockford FEC ID number of contributing federal political committee. Name of Employer Rockford Memorial Hospital Receipt For: Primary General	State Zip Code IL 61103-3655 C Occupation Chief Physician Exec. Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Henry Seybold, Jr. Mailing Address 529 South Summit St City Barrington FEC ID number of contributing federal political committee. Name of Employer Rockford Memorial Hospital		Date of Receipt M M M / D D / Y Y Y Y Y 0 5 1 0 2 0 1 0 Transaction ID: 18284617 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Jim H Skogsbergh Mailing Address 2025 Windsor Drive	Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Oak Brook FEC ID number of contributing federal political committee.	State Zip Code IL 60523-1586 C	Transaction ID: 18284618 Amount of Each Receipt this Period 500.00
Name of Employer Advocate Health Care Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Office Aggregate Year-to-Date 500.00	<u>r</u>
SUBTOTAL of Receipts This Page (optional) .		1500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Ar	for commercial purposes, other than using th	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Robert Garrison		Date of Receipt
	Mailing Address 206 Walnut Street	7: 0 1	05 19 2010
	City Doniphan	State Zip Code MO 63935-1706	Transaction ID: 18284624 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	400.00
	Name of Employer Ripley County Memorial Ho- spital	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
_	Full Name (Last, First, Middle Initial) Mr. Jon Brovold	Date of Receipt	
	Mailing Address 203 Fourth Street No.	05 17 2010	
	City	State Zip Code	Transaction ID: 18284639
	Bagley	MN 56621-8305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Clearwater Health Services	Occupation Administrator	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
	Full Name (Last, First, Middle Initial) Mr. Lawrence J Massa	Date of Receipt	
	Mailing Address 2550 University Aven	05 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: 18284650
	Saint Paul	MN 55114-1052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	225.00
	Name of Employer Minnesota Hospital Associ- ation	Occupation President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
	IIRTOTAL of Receipts This Page (optional)		875.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
∠ 4.	Full Name (Last, First, Middle Initial) Mr. Joseph R. Ruggles Mailing Address 1780 Buck Creek Lane)		Date of Receipt M M D D Y Y Y Y Y Y Y
	City Springfield	State OH	Zip Code 45502-8800	Transaction ID: 18286245 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ohio Hospital Association	Occupatio Vice Pres	n sident, Member Developmen	t
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Mr Terry Murphy, FACHE Mailing Address 640 South State Street			Date of Receipt
	City	State	Zip Code	0 5 2 4 2 0 1 0 Transaction ID: 18286316
	Dover	DE	19901-3597	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		800.00
	Name of Employer Bayhealth Medical Center	Occupatio Executive	n e Vice President and Chief O)p e
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		800.00	
	Full Name (Last, First, Middle Initial) Ms. Deborah L. Watson, FACHE			Date of Receipt
	Mailing Address 77 Brynberry Court			05 / 24 / Y Y Y Y
	City	State	Zip Code	Transaction ID: 18286317
	Magnolia	DE	19962-1596	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bayhealth Medical Center	Occupatio Vice Pres	sident	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	UBTOTAL of Receipts This Page (optional)	•		1300.00

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 83 (check only one) X 11a		
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		, , ,			
Full Name (Last, First, Middle Initial) Mr. Carl D. Brown			Date of Receipt		
Mailing Address 121 Chimney Lane					
City	State	Zip Code	0 5 2 6 2 0 1 0 Transaction ID: 18287818		
Wilmington FEC ID number of contributing federal political committee.	NC C	28409-4909	Amount of Each Receipt this Period 350.00		
Name of Employer New Hanover Regional Medical Center Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupatio Trustee Aggregate	e Year-to-Date ▼	1		
Full Name (Last, First, Middle Initial) Ms. Rosemarie Cazeau Mailing Address 840 S. Bodin Street			Date of Receipt		
City	State	Zip Code	0 5 2 0 2 0 1 0 Transaction ID: 18288535		
Hinsdale	IL	60521-4377	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		350.00		
Name of Employer Adventist Hinsdale Hospit-	Occupatio Trustee	n			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00			
Full Name (Last, First, Middle Initial) Dr. Matthew Lambert, III, M.D.			Date of Receipt		
Mailing Address 1103 Keystone Aven	iue		05 26 2010		
City	State	Zip Code	Transaction ID: 18288671		
River Forest FEC ID number of contributing federal political committee.	C	60305-1325	Amount of Each Receipt this Period 350.00		
Name of Employer Sisters of Charity of Lea- venworth Heal	Occupatio Board Di	rector			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00			
SUBTOTAL of Receipts This Page (optional)			1050.00		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate for each categ Detailed Sumi	schedule(s) Jory of the	FOR LINE NUMBER: PAGE 19 / 83 (check only one) X
or f	y information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or us name and address of any politic	sed by any person f cal committee to so	or the purpose of soliciting contributions licit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Mr. Thomas R. Brome Mailing Address 500 Knollwood Road City	State Zip Code		Date of Receipt M
	Ridgewood FEC ID number of contributing federal political committee.	NJ 07450-4700		Amount of Each Receipt this Period 500.00
	Name of Employer Valley Health System Receipt For: Primary General Other (specify)	Occupation Trustee Aggregate Year-to-Date ▼	500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Christopher S. Bailey Mailing Address 2814 Northlake Drive			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Richmond FEC ID number of contributing federal political committee.	State Zip Code VA 23233-3320		Transaction ID: 18291204 Amount of Each Receipt this Period 350.00
,	Name of Employer Virginia Hospital & Healt- hcare Associa Receipt For: Primary General Other (specify)	Occupation Senior Vice President Aggregate Year-to-Date	350.00	
) .	Full Name (Last, First, Middle Initial) Mr. Rodger H Baker Mailing Address 500 Hospital Drive			Date of Receipt
	City Warrenton	State Zip Code VA 20186-3027	,	7 Transaction ID: 18291205 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Fauquier Hospital	Occupation President and Chief Five	poutive Office.	350.00
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	President and Chief Exe Aggregate Year-to-Date ▼	350.00	
SI	JBTOTAL of Receipts This Page (optional)			1200.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 83 (check only one) X 11a 11b 11c 12
Ai	ny information copied from such Reports and Str for commercial purposes, other than using the i	atements may not be sold or used by any personame and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
∠_ A .	Full Name (Last, First, Middle Initial) Mr. David L Bernd		Date of Receipt
	Mailing Address 6015 Poplar Hall Drive		05 27 2010
	City	State Zip Code	Transaction ID: 18291206
	Norfolk	VA 23502-3819	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Sentara Healthcare	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
— В.	Full Name (Last, First, Middle Initial) Mr. James D Dahling		Date of Receipt
	Mailing Address 601 Children's Lane		05 27 2010
	City	State Zip Code	Transaction ID: 18291208
	Norfolk	VA 23507-1910	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Children's Hospital of The King's Daug	Occupation President and Chief Executive Office	er
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
— C.	Full Name (Last, First, Middle Initial) Ms. Vicky G. Gray		Date of Receipt
	Mailing Address 6015 Poplar Hall Drive Suite 102		05 27 Y Y Y Y Y Y
	City Norfolk	State Zip Code VA 23502-3819	Transaction ID: 18291209 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Sentara Healthcare	Occupation Senior Vice President, Systems Dev	velop
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
S	SUBTOTAL of Receipts This Page (optional)		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Don Halliwill Mailing Address P O Box 5 City Radford FEC ID number of contributing federal political committee. Name of Employer Carilion New River Valley Medical Cent Receipt For: Primary General Other (specify)	State Zip Code VA 24143-0005 C Occupation President/ Hospital Administrator Aggregate Year-to-Date 350.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mr. Michael K Kerner Mailing Address 3636 High Street City Portsmouth FEC ID number of contributing federal political committee. Name of Employer Maryview Medical Center Receipt For: Primary General Other (specify)	State Zip Code VA 23707-3236 C Occupation Interim Chief Executive Officer Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 18291212 Amount of Each Receipt this Period 350.00
Full Name (Last, First, Middle Initial) Ms. Elizabeth Long Mailing Address 7723 Stuart Hall Road City Richmond FEC ID number of contributing federal political committee. Name of Employer Virginia Hospital & Healthcare Associa Receipt For: Primary General Other (specify)	State Zip Code VA 23229-6615 C Occupation Vice President Aggregate Year-to-Date 350.00	Date of Receipt M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: 18291213 Amount of Each Receipt this Period 350.00
SUBTOTAL of Receipts This Page (optional) .	•	900.00

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 83 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Sean S McMurray, , FACHE		Date of Receipt
Mailing Address 351 Court Street NE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18291215
<u>Abingdon</u>	VA 24210-2955	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Johnston Memorial Hospital	Occupation Vice President and Chief Executive O	ff
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Sylvia Richendollar	1	Date of Receipt
Mailing Address 5466 Hunt Club Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 18291216
Virginia Beach	VA 23462-3413	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Sentara Norfolk General Hospital	Occupation Director Laboratory Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr F Dixon Whitworth	1	Date of Receipt
Mailing Address 728 Mahone Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18291217
Winchester	VA 22601-4130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Community Memorial Health- center	Occupation Board Chairman	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional) .	>	1050.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements ma name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Mr. Sam W. Cameron Mailing Address 28 Waterford Place City	State	Zip Code	Date of Receipt M M C D C C C C
	Jackson FEC ID number of contributing federal political committee.	MS C	39211-2945	Amount of Each Receipt this Period 2.50
	Name of Employer Mississippi Hospital Association Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		on nt & Chief Executive Officer e Year-to-Date ▼ 510.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Claude W Harbarger Mailing Address 969 Lakeland Drive			Date of Receipt 0 5 2 7 2 0 1 0
	City	State	Zip Code	Transaction ID: 18291227
	Jackson FEC ID number of contributing federal political committee.	MS C	39216-4606	Amount of Each Receipt this Period 250.00
	Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For: Primary General	Occupation Presider Aggregate		7
_	Other (specify) ▼	0 0	250.00	
C.	Full Name (Last, First, Middle Initial) Mr. Kurt W Metzner			Date of Receipt
	Mailing Address 1225 North State Stree	et		05 27 2010
	City	State	Zip Code	Transaction ID: 18291241
	Jackson FEC ID number of contributing federal political committee.	MS C	39202-2064	Amount of Each Receipt this Period 900.00
	Name of Employer Mississippi Baptist Health System		nt and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 900.00	
	SUBTOTAL of Receipts This Page (optional)			1152.50
f	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and	for each cat Detailed Su	mmary Page used by any person	FOR LINE NUMBER: PAGE 24 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 11 for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	he name and address of any pol	litical committee to s	olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Wallace Strickland Mailing Address 1314 19th Avenue			Date of Receipt
City	State Zip Code		0 5 2 7 2 0 1 0 Transaction ID: 18291249
<u>Meridian</u>	MS 39301-41	16	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1 1	250.00
Name of Employer Rush Foundation Hospital Receipt For:	Occupation President and Chief E Aggregate Year-to-Date		
Primary General Other (specify) ▼	0 0 0 0 0	250.00	
Full Name (Last, First, Middle Initial) Mr. Gerald D Wages			Date of Receipt
Mailing Address 830 S. Gloster Stree	t		05 27 2010
City	State Zip Code		Transaction ID: 18291253
Tupelo	MS 38801-49	96	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		900.00
Name of Employer North Mississippi Health Services, Inc	Occupation Executive Vice Presid		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	900.00	
Full Name (Last, First, Middle Initial) Mr. James E. Buckner, Jr., CHE			Date of Receipt
Mailing Address 1025 Garner Field F	d		05 27 2010
City	State Zip Code		Transaction ID: 18291263
<u>Uvalde</u>	TX 78801-48	09	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Uvalde County Hospital Au- thority	Occupation Administrator		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>	·····	1650.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 83 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAGE		Solicit Contributions from Such Committee.
Full Name (Last, First, Middle Initial) Mr. George Mikitarian, , Jr.		Date of Receipt
Mailing Address 951 North Washing	ton Avenue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18292067
Titusville	FL 32796-2163	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Parrish Medical Center	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Denise Remus		Date of Receipt
Mailing Address 16255 Bay Vista Di	05 28 2010	
City	State Zip Code	Transaction ID: 18292068
Clearwater	FL 33760-3127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer BayCare Health System	Occupation Hospital Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. Timothy W Cook		Date of Receipt
Mailing Address P O Box 9400		05 28 YYYY 2010
City	State Zip Code	Transaction ID: 18292069
Sebring	FL 33871-9400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Florida Hospital Heartland Medical Cen	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
CURTOTAL of Descripts This Page (autism	hl)	1250.00

A. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. Donald L. Jernigan., Ph.D. Malling Address 111 North Orlando Avenue City State Zip Code Winter Park FL 32789-3675 FEC ID number of contributing federal political committee. Name of Employer Adventist Health Receipt For: Primary General City State Zip Code Transaction ID: 18292070 Amount of Each Receipt this Period President and Chief Executive Officer Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. Terry Shaw Mailing Address 111 North Orlando Avenue FEC ID number of contributing federal political committee. City State Zip Code Full Name (Last, First, Middle Initial) Mr. Terry Shaw Mailing Address 111 North Orlando Avenue City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code FEC ID number of contributing federal political committee. City State Zip Code Financial Officer Adventist Health System Sunbalt Health Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)	I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St	Use separate schedule(s) for each category of the Detailed Summary Page atements may not be sold or used by any per	FOR LINE NUMBER: PAGE 26 / 83 (check only one) X
A. Dr. Donald L. Jernigan., Ph.D. Mailing Address 111 North Orlando Avenue City State Zip Code Winter Park FL 32789-3675 FEC ID number of contributing lederal political committee. C Cocupation Name of Eripioper Address 111 North Orlando Avenue City State Zip Code President and Chief Executive Officer Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. Terry Shaw Mailing Address 111 North Orlando Avenue City State Zip Code FEC ID number of contributing lederal political committee. C Cocupation Chief Financial Officer Aggregate Year-to-Date ▼ FEC ID number of contributing lederal political committee. C Cocupation Chief Financial Officer Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. Terry Shaw Mailing Address 111 North Orlando Avenue City State Zip Code FEC ID number of contributing lederal political committee. C Date of Receipt this Period FEC ID number of contributing lederal political committee. C Date of Receipt Initial North Driando Avenue City State Zip Code Full Name (Last, First, Middle Initial) Mr. Daryl Tol Mailing Address 701 West Plymouth Avenue City State Zip Code Full Name (Last, First, Middle Initial) Mr. Daryl Tol Mailing Address 701 West Plymouth Avenue City State Zip Code FEC ID number of contributing lederal political committee. C Aggregate Year-to-Date ▼ Transaction ID: 18292072 Transaction ID: 18292072 Transaction ID: 18292072 Amount of Each Receipt this Period FEC ID number of contributing lederal political committee. Aggregate Year-to-Date ▼ Ferificate Aggregate Year-to-Date ▼ Ferificate Aggregate Year-to-Date ▼ Frimary General Other (specify) ▼ Sounds of Receipt Initial Prior Amount of Each Receipt Initial Prior Aggregate Year-to-Date ▼ Ferificate Aggregate Year-to-Date ▼ Transaction ID: 18292072 Transaction ID: 18		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee	to solicit contributions from such committee.
City State Zip Code Winter Park FL 32789-3675 FEC ID number of contributing federal political committing. Para et Employer Adventist Health System Sunbelt Health Receipt Health Receipt For: Primary General Other (specify) ▼	∠ A .	Dr. Donald L Jernigan, , Ph.D.		'
Winter Park FL 32789-3675 Amount of Each Receipt this Period		Walling Address		05 28 2010
Receipt State S				
Sunbelt Health Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Terry Shaw Mailing Address 111 North Orlando Avenue City Fort Worth FL 32789-3675 FEC ID number of contributing federal political committee. Name of Employer Adventist Health System Sunbelt Health Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 18292071 Amount of Each Receipt this Period Chief Financial Officer Receipt For: Pall Name (Last, First, Middle Initial) Mr. Daryl Tol Mailing Address 701 West Plymouth Avenue Ct. State Zip Code Transaction ID: 18292072 Date of Receipt 1000.00 Date of Receipt 1000.00 Transaction ID: 18292072 Transaction ID: 18292072 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Cc. Name of Employer Floridat Hospital - De Land Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 18292072 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Floridat Hospital - De Land Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 18292072 Amount of Each Receipt this Period FEC ID number of Contributing federal political committee. Name of Employer Floridat Hospital - De Land Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 18292072 Amount of Each Receipt this Period Transaction ID: 18292072 Amount of Each Receipt this Period State Zip Code Transaction ID: 18292072 Amount of Each Receipt this Period State Zip Code Transaction ID: 18292072 Amount of Each Receipt this Period State Zip Code Transaction ID: 18292072 Amount of Each Receipt this Period State Zip Code Transaction ID: 18292072 Amount of Each Receipt this Period State Zip Code Transaction ID: 18292072 Amount of Each Receipt this Period		FEC ID number of contributing		
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City State Zip Code Fort Worth FL 32789-3675 FEC ID number of contributing federal political committee. Name of Employer Adventist Health System Sunbelt Health Receipt For: Primary General Other (specify) ▼	- В.	Mr. Terry Shaw	Date of Receipt	
City State Zip Code Fort Worth FL 32789-3675 FEC ID number of contributing federal political committee. Name of Employer Florida Hospital - De Land Peceipt For: Name of Employer Florida Hospital - De Land Name of Employer Florida Hospital - De Land Other (specify) ▼ State Zip Code Cocupation Cocupation Chief Financial Officer Aggregate Year-to-Date ▼ 1000.00 Date of Receipt M M M / D D D / 2 B / 2 0 1 0 Transaction ID: 18292071 Amount of Each Receipt this Period 1000.00 Date of Receipt M M M / D D D / 2 B / 2 0 1 0 Transaction ID: 18292072 Amount of Each Receipt this Period FL 32720-3236 FEC ID number of contributing federal political committee. C C State Zip Code Deland FL 32720-3236 FEC ID number of contributing federal political committee. C Scoupation President and Chief Executive Officer Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ State Zip Code Date of Receipt Transaction ID: 18292071 Amount of Each Receipt this Period Transaction ID: 18292071 Amount of Each Receipt this Period Transaction ID: 18292071 Amount of Each Receipt this Period Transaction ID: 18292071 Amount of Each Receipt this Period Transaction ID: 18292071 Amount of Each Receipt this Period Transaction ID: 18292071 Amount of Each Receipt this Period Transaction ID: 18292072 Amount of Each Receipt this Period Transaction ID: 18292072 Amount of Each Receipt this Period Transaction ID: 18292072 Amount of Each Receipt this Period Transaction ID: 18292072 Amount of Each Receipt this Period Transaction ID: 18292072 Amount of Each Receipt this Period Transaction ID: 18292072 Amount of Each Receipt this Period Transaction ID: 18292072 Amount of Each Receipt this Period Transaction ID: 18292072 Amount of Each Receipt this Period		Mailing Address 111 North Orlando Ave		
FEC ID number of contributing federal political committee. Name of Employer Adventist Health Sustem Sunbett Health Subset Health Receipt For: Primary General Other (specify) ▼		City	State Zip Code	
Name of Employer Adventist Health System Sunbelt Health Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Daryl Tol Mailing Address 701 West Plymouth Avenue City State Zip Code Deland FL 32720-3236 FEC ID number of contributing federal political committee. Name of Employer Florida Hospital - De Land Receipt For: Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ Transaction ID: 18292072 Amount of Each Receipt this Period President and Chief Executive Officer Aggregate Year-to-Date ▼ Other (specify) ▼ State Zip Code Transaction ID: 18292072 Amount of Each Receipt this Period Food Aggregate Year-to-Date ▼ Other (specify) ▼ State Zip Code Transaction ID: 18292072 Amount of Each Receipt this Period Food Aggregate Year-to-Date ▼ Other (specify) ▼ State Zip Code Transaction ID: 18292072 Amount of Each Receipt this Period Food Other (specify) ▼ State Zip Code Transaction ID: 18292072 Amount of Each Receipt this Period State Zip Code Transaction ID: 18292072 Amount of Each Receipt this Period State Zip Code Transaction ID: 18292072 Amount of Each Receipt this Period Food Other (specify) ▼ State Zip Code Transaction ID: 18292072 Amount of Each Receipt this Period State Zip Code Transaction ID: 18292072 Amount of Each Receipt this Period State Zip Code Transaction ID: 18292072 Amount of Each Receipt this Period Food Other (specify) ▼ State Zip Code Transaction ID: 18292072 Amount of Each Receipt this Period Transaction ID: 18292072 Amount of Each Receipt this Period Transaction ID: 18292072 Amount of Each Receipt this Period Transaction ID: 18292072 Amount of Each Receipt this Period Transaction ID: 18292072 Amount of Each Receipt this Period		Fort Worth	FL 32789-3675	
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Primary		Name of Employer Adventist Health System Sunbelt Health	•	
Mailing Address 701 West Plymouth Avenue City State Zip Code Deland FL 32720-3236 FEC ID number of contributing federal political committee. Name of Employer Florida Hospital - De Land Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 18292072 Amount of Each Receipt this Period C 500.00		Primary General		
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City Deland FEC ID number of contributing federal political committee. Name of Employer Florida Hospital - De Land President and Chief Executive Officer Receipt For: Primary General Other (specify) ▼ State Zip Code FL 32720-3236 Amount of Each Receipt this Period 500.00 C Scupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 500.00		Mailing Address 701 West Plymouth Av	enue	
FEC ID number of contributing federal political committee. Name of Employer Florida Hospital - De Land President and Chief Executive Officer Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		City	State Zip Code	
Name of Employer Florida Hospital - De Land Receipt For: Primary Other (specify) ▼ Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 500.00		Deland	FL 32720-3236	Amount of Each Receipt this Period
Florida Hospital - De Land President and Chief Executive Officer Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			C	500.00
Primary General Other (specify) ▼ 500.00		Florida Hospital - De Land	1 '	er
SUBTOTAL of Receipts This Page (optional)		Primary General		
		SUBTOTAL of Receipts This Page (optional)		2500.00

Any information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. George Rousis Mailing Address 104 South Beach Street City Ormond Beach FEC ID number of contributing federal political committee. Name of Employer Halifax Health Medical Center of Port Receipt For: Primary General Other (specify)	State Zip Code FL 32174-6316 C Occupation Compliance Officer Aggregate Year-to-Date 250.00	Date of Receipt Date of Receipt 2 8 2 0 1 0 Transaction ID: 18292075 Amount of Each Receipt this Period
Mr. George Rousis Mailing Address 104 South Beach Street City Ormond Beach FEC ID number of contributing federal political committee. Name of Employer Halifax Health Medical Center of Port Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	FL 32174-6316 C Occupation Compliance Officer Aggregate Year-to-Date ▼	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ormond Beach FEC ID number of contributing federal political committee. Name of Employer Halifax Health Medical Center of Port Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	FL 32174-6316 C Occupation Compliance Officer Aggregate Year-to-Date ▼	Transaction ID: 18292075 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Halifax Health Medical Center of Port Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation Compliance Officer Aggregate Year-to-Date	
Rame of Employer Halifax Health Medical Center of Port Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Compliance Officer Aggregate Year-to-Date ▼	250.00
nter of Port Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Compliance Officer Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		
,		
Mr. Kenneth R Mattison		Date of Receipt
Mailing Address 1000 Waterman Way		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 18292076
<u>Tavares</u>	FL 32778-5266	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Florida Hospital Waterman	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Kathleen Murray		Date of Receipt
Mailing Address 13286 Stone Pond Drive		05 28 2010
City	State Zip Code	Transaction ID: 18292079
<u>Jacksonville</u>	FL 32224-1622	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Baptist Medical Center	Occupation Administrator	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

Any information copied from such Reports an or for commercial purposes, other than using		Detailed Summary Page	X 11a 11b 11c 12 15 16
	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,,	
Full Name (Last, First, Middle Initial) Mr Wayne Wray			Date of Receipt
Mailing Address 350 2nd St. North #	5		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18292167
Saint Petersburg	FL	33701-2984	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer All Children's Hospital	Occupation Complian	n nce Officer	
Receipt For: Primary General Other (specify) ▼	 · _ · _ · _ 	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Deana L. Nelson			Date of Receipt
Mailing Address Post Office Box 128	9		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18292184
<u>Tampa</u>	<u>FL</u>	33601-1289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Tampa General Hospital	Occupation Sr. Vice	n President, Patient Services	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Ms. Jean Mayer			Date of Receipt
Mailing Address 2408 W. Watrous A	venue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18292188
Tampa	FL	33629-5343	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Tampa General Hospital	Occupation Vice Pres	n sident for Strategic Services	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms. Robin DeLaVergne Mailing Address 37 Aegean Avenue		Date of Receipt	
		05 28 2010	
City Tampa	State Zip Code FL 33606-3309	Transaction ID: 18292189 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Tampa General Hospital	Occupation Vice President, Development		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Chris Roederer		Date of Receipt	
Mailing Address 615 Riviera Dunes	Mailing Address 615 Riviera Dunes Way #107		
City	State Zip Code	Transaction ID: 18292196	
Palmetto FEC ID number of contributing federal political committee.	FL 34221-7145	Amount of Each Receipt this Period 250.00	
Name of Employer Tampa General Hospital	Occupation Vice President for Human Resources		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Ms Kathi Sengin		Date of Receipt	
Mailing Address 502 South Fremont	Ave, Apt. 3	05 28 2010	
City	State Zip Code	Transaction ID: 18292204	
Tampa FEC ID number of contributing federal political committee.	FL 33606-2068	Amount of Each Receipt this Period 250.00	
Name of Employer Tampa General Hospital	Occupation Senior VP/ CNO		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optiona	l)	750.00	
TOTAL This Period (last page this line num	ber only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 83 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms Elizabeth Lindsey-Wood			Date of Receipt
Mailing Address 18214 Clear Lake D)r		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lutz	State FL	Zip Code 33548-6403	Transaction ID: 18292297 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	333 13 5 133	250.00
Name of Employer Tampa General Hospital	Occupation Senior Vi	ce President, CIO	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Melanie Husk			Date of Receipt
Mailing Address 10734 Waverley Blu	uff Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18317902
<u>Jacksonville</u> FEC ID number of contributing	FL '	32223-6683	Amount of Each Receipt this Period
federal political committee.	C		250.00
Name of Employer Baptist Health	Occupation VP Market		
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Mr. Roy Wright, , FACHE			Date of Receipt
Mailing Address P O Box 320069			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18317903
Cocoa Beach FEC ID number of contributing	<u>FL</u>	32932-0069	Amount of Each Receipt this Period
federal political committee.	C		500.00
Name of Employer Cape Canaveral Hospital	Occupation President	n : and Chief Executive Office	r
Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
Other (specify) General		500.00	

Mailing Address 1768 Park Terrace West	LINE NUMBER: PAGE 31 / 83 (conly one) 11a 11b 11c 12 3 14 15 16 11
A. Mr Michael Lanier Mailing Address 1768 Park Terrace West City State Zip Code Atlantic Beach FL 32233-5612 FEC ID number of contributing federal political committee. Name of Employer Baptist Health Receipt For: Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Mr. Leslie Longacre Mailing Address 1099 Citrus Tower Boulevard City State Zip Code Tra Am FEC ID number of contributing federal political committee. Name of Employer South Lake Hospital Receipt For: Primary General City State Zip Code Clermont FL 34711-1947 FEC ID number of contributing federal political committee. Name of Employer South Lake Hospital Chief Executive Officer Receipt For: Primary General Chief Executive Officer Receipt For: Primary General Chief Executive Officer Full Name (Last, First, Middle Initial) Mailing Address 1000 Watrerman Way City State Zip Code Tra Tra Tra Travares FL 32778-5266 FEC ID number of contributing federal political committee. C C C C C C C C C C C C C	purpose of soliciting contributions ntributions from such committee.
Atlantic Beach FL 32233-5612 Am FEC ID number of contributing federal political committee. Name of Employer Baptist Health Receipt For:	te of Receipt 5 28 2010
FEC ID number of contributing federal political committee. Name of Employer Baptist Health Receipt For:	nsaction ID: 18317905
Receipt For:	nount of Each Receipt this Period 250.00
Mr. Leslie Longacre Mailing Address 1099 Citrus Tower Boulevard City State Zip Code Clermont FL 34711-1947 FEC ID number of contributing federal political committee. Name of Employer South Lake Hospital Chief Executive Officer Receipt For: Primary General Other (specify) ▼ City State Zip Code Tradares Full Name (Last, First, Middle Initial) Ms. Jennifer Shull Mailing Address 1000 Watrerman Way City State Zip Code Tradares FL 32778-5266 An FEC ID number of contributing federal political committee. Name of Employer Florida Hospital Fish Memorial	
City State Zip Code Clermont FL 34711-1947 FEC ID number of contributing federal political committee. Name of Employer South Lake Hospital Receipt For: Primary General Other (specify) ▼ Cull Name (Last, First, Middle Initial) Mailing Address 1000 Watrerman Way City State Zip Code Tra Tavares FL 32778-5266 FEC ID number of contributing federal political committee. Name of Employer Florida Hospital Fish Memorial Occupation Chief Nursing Officer	te of Receipt
Clermont FL 34711-1947 Am FEC ID number of contributing federal political committee. Name of Employer South Lake Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Jennifer Shull Mailing Address 1000 Watrerman Way City State Zip Code Tra Tavares FEC ID number of contributing federal political committee. Name of Employer Florida Hospital Fish Memorial Occupation C C	5 28 2010 nsaction ID: 18317907
FEC ID number of contributing federal political committee. Name of Employer South Lake Hospital Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Jennifer Shull Mailing Address 1000 Watrerman Way City State Zip Code Tavares FL 32778-5266 FEC ID number of contributing federal political committee. Name of Employer Florida Hospital Fish Memorial Occupation Chief Nursing Officer	nount of Each Receipt this Period
Chief Executive Officer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Jennifer Shull Mailing Address 1000 Watrerman Way City State Zip Code Tra Tavares FL 32778-5266 FEC ID number of contributing federal political committee. Name of Employer Florida Hospital Fish Memorial Chief Executive Officer Aggregate Year-to-Date ▼ 250.00 Da Aggregate Year-to-Date ▼ Coupation Officer	250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Jennifer Shull Mailing Address 1000 Watrerman Way City State Zip Code Tra Tavares FL 32778-5266 FEC ID number of contributing federal political committee. Name of Employer Florida Hospital Fish Memorial Occupation Chief Nursing Officer	
Ms. Jennifer Shull Mailing Address 1000 Watrerman Way City State Zip Code Travares FL 32778-5266 FEC ID number of contributing federal political committee. Name of Employer Florida Hospital Fish Memorial Occupation Chief Nursing Officer	
City State Zip Code Tra Tavares FL 32778-5266 FEC ID number of contributing federal political committee. C Name of Employer Florida Hospital Fish Memorial Occupation Chief Nursing Officer	te of Receipt
Tavares FL 32778-5266 Am FEC ID number of contributing federal political committee. C Name of Employer Florida Hospital Fish Memorial Occupation Chief Nursing Officer	5 28 2010
FEC ID number of contributing federal political committee. Name of Employer Florida Hospital Fish Memorial Occupation Chief Nursing Officer	nsaction ID: 18317908
Name of Employer Florida Hospital Fish Memorial Occupation Chief Nursing Officer	nount of Each Receipt this Period
Florida Hospital Fish Mem- orial Chief Nursing Officer	250.00
Receipt For: Primary Other (specify) Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 83 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael Lukens Mailing Address 8221 Baywood Vista I City Orlando FEC ID number of contributing federal political committee. Name of Employer Florida Hospital Fish Mem-	Or State FL C	Zip Code 32810-6624	Date of Receipt M M M
orial Receipt For: Primary General Other (specify) ▼		ancial Officer Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr Bruce A. Bergherm Mailing Address 8668 Crested Eagle P	'I		Date of Receipt 0 5 2 8 2 0 1 0
City	State	Zip Code	Transaction ID: 18317911
Sanford	FL	32771-8124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Florida Hospital Fish Mem-	Occupation COO	1	
orial Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr Dale E Hocking			Date of Receipt
Mailing Address 600 East Dixie Avenue	е		05 28 7 2010
City	State	Zip Code	Transaction ID: 18318500
Leesburg	FL	34748-5925	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Leesburg Regional Medical Center	Occupation Chief Fin	n ancial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ms. Marianne Hillegass Mailing Address 3561 Sanctuary Blvd. City Jacksonville FEC ID number of contributing federal political committee. Name of Employer Baptist Medical Center Receipt For:	, '	Zip Code 32250-2571 n sident, Operations e Year-to-Date ▼	Date of Receipt M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr Steven Short Mailing Address P O Box 1289	0 0	250.00	Date of Receipt
City Tampa FEC ID number of contributing federal political committee. Name of Employer Tampa General Hospital Receipt For: Primary General Other (specify)	T -	Zip Code 33601-1289 n e VP, Finance and Administre Year-to-Date ▼ 500.00	7 Transaction ID: 18318511 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Ms. Diane M. Kazmierski Mailing Address 4736 Royal Palm Circ City Saint Petersburg FEC ID number of contributing federal political committee. Name of Employer BayCare Health System Receipt For: Primary General Other (specify)	State FL C Occupatio Vice Pres	Zip Code 33703-3138 In Sident, Managed Care E Year-to-Date ▼ 545.00	Date of Receipt M M / D D / Y Y Y Y Y O 5 28 2010 Transaction ID: 18318514 Amount of Each Receipt this Period 545.00
SUBTOTAL of Receipts This Page (optional)			1295.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate so for each categor Detailed Summa	y of the (check drily drie)
An	for commercial purposes, other than using the	atements may not be sold or used name and address of any political	d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۸.	Full Name (Last, First, Middle Initial) Dr Lon McPherson, , M.D. Mailing Address 716 SE 36th Lane		Date of Receipt
		State 7in Code	05 28 2010
	City Ocala	State Zip Code FL 34471-8705	Transaction ID: 18318533 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00
	Name of Employer Munroe Regional Medical Center	Occupation Chief Medical Officer/SVF	PMA
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
_	Full Name (Last, First, Middle Initial) Lee Huntley		Date of Receipt
	Mailing Address 600 East Dixie Ave	05 28 2010	
	City	State Zip Code	Transaction ID: 18318537
	Leesburg FEC ID number of contributing federal political committee.	FL 34748-5925	Amount of Each Receipt this Period 250.00
	Name of Employer Central Florida Regional Hospital	Occupation President/CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
	Full Name (Last, First, Middle Initial) Mr. Roger S. Truluck		Date of Receipt
	Mailing Address PO Box 100307		0 5 2 8 2 0 1 0
	City	State Zip Code	Transaction ID: 18318539
	Gainesville FEC ID number of contributing federal political committee.	FL 32610-0307	Amount of Each Receipt this Period 250.00
	Name of Employer Shands Hospital	Occupation Director Safety Security	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
	UBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 83 (check only one) X
4	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
ب 4.	Full Name (Last, First, Middle Initial) Mr. Brian Adams		Date of Receipt
	Mailing Address 1730 Queen Palm Driv	/e	05 28 2010
	City	State Zip Code	Transaction ID: 18318547
	Apopka FEC ID number of contributing federal political committee.	FL 32712-2458	Amount of Each Receipt this Period 250.00
	Name of Employer Florida Hospital-Apopka	Occupation Assistant Administrator	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial) Ms. Sally Houston		Date of Receipt
	Mailing Address 6528 Surfside Blvd.	05 28 2010	
	City	State Zip Code	Transaction ID: 18318548
	Apollo Beach	FL 33572-3008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Tampa General Hospital	Occupation Chief Medical Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
_).	Full Name (Last, First, Middle Initial) Mr. Patrick A Schlenker		Date of Receipt
	Mailing Address P O Box 889		05 28 2010
	City	State Zip Code	Transaction ID: 18318549
	Chipley	FL 32428-0889	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Northwest Florida Communi- ty Hospital	Occupation President and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		<u> </u>	750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	r for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
۸.	Full Name (Last, First, Middle Initial) Mr David Moorhead		Date of Receipt
	Mailing Address 602 Genius Drive		05 28 2010
	City Winter Park	State Zip Code FL 32789-5137	Transaction ID: 18318560 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Florida Hospital	Occupation Chief Medical Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton		Date of Receipt
	Mailing Address 325 Seventh Street, N Suite 700	W	0 5 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State Zip Code DC 20004-2818	Transaction ID: PR1045726223712
	FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vice President & General Co	unse
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Stephen Mayfield	1	Date of Receipt
	Mailing Address One North Franklin St Suite 32139	reet	05 31 Y Y Y Y Y Y
	City Chicago	State Zip Code IL 60606	Transaction ID: PR1302378923712
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$40.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional) .	1	410.00

ITE	HEDULE A (FEC Form 3X) MIZED RECEIPTS information copied from such Reports and St	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 83 (check only one) X
or fo	r commercial purposes, other than using the IAME OF COMMITTEE (In Full) American Hospital Association PAC	name and add	ress of any political committee to	o solicit contributions from such committee.
A. <u>N</u>	full Name (Last, First, Middle Initial) Ms. Lisa Grabert			Date of Receipt
IV	Mailing Address 325 Seventh Street, NV Suite 700	N		05 31 2010
	City	State	Zip Code	Transaction ID: PR1671258623712
_	Vashington	DC	20004-2801	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		90.90
N A ti	lame of Employer umerican Hospital Associa- on-Washingt	Occupation Senior As	n ssociate Director, Policy	
R	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		318.15	P/R Deduction (\$45.45 Bi- Weekly)
	ull Name (Last, First, Middle Initial) Ir Robert P David			Date of Receipt
M	Mailing Address One North Franklin			0 5 3 1 Y Y Y Y Y Y
	city	State	Zip Code	Transaction ID: PR1677512423712
_	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		90.90
Δ <u>ti</u>	lame of Employer merican Hospital Associa- on-Chicago	Occupation Regional	ı Executive	
R	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		318.15	P/R Deduction (\$45.45 Bi- Weekly)
	ull Name (Last, First, Middle Initial) Is. Linda Fishman			Date of Receipt
_	Mailing Address 325 Seventh Street, NV Suite 700	N		05 / 31 / 2010
	ity Magazinetae	State	Zip Code	Transaction ID: PR327629123712
_	Vashington	DC	20004-2818	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		80.00
<u>ti</u>	lame of Employer merican Hospital Associa- on-Washingt	. '	ce President, Public Policy	
R	deceipt For: Primary General General	Aggregate	Year-to-Date ▼	D/D Doduction (040 00 Di
	Other (specify)		400.00	P/R Deduction (\$40.00 Bi- Weekly)
	STOTAL of Receipts This Page (optional)	I		261.80

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Report or for commercial purposes, other than us	s and Statements may not be sold or used by any person sing the name and address of any political committee to so	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association I	PAC	
Full Name (Last, First, Middle Initial) Ms. Debbie F. Weiner		Date of Receipt
Mailing Address 11004 Petersbo	rough Drive	05 31 2010
City Rockville	State Zip Code MD 20852-3249	Transaction ID: PR327745923712
FEC ID number of contributing federal political committee.	C 20032-3249	Amount of Each Receipt this Period 80.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Director, Grassroots Advocacy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Debra J. Stock		Date of Receipt
Mailing Address 1022 S. Harvey	05 31 2010	
City	State Zip Code	Transaction ID: PR327777823712
Oak Park	IL 60304-2132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa-	Occupation Vice President, Member Relations	
tion-Chicago Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN	I	Date of Receipt
Mailing Address 325 Seventh Str Suite 700	eet, NW	05 31 YYYYY 2010
City	State Zip Code	Transaction ID: PR327812023712
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Washingt	Occupation Chief Executive Officer, AONE & Sr. Vi	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$40.00 Bi- Weekly)
CURTOTAL of Descints This Dags (and	ional)	240.00

SCHEDULE A (FEC FITEMIZED RECEIPTS	Í	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 83 (check only one) X
or for commercial purposes, other NAME OF COMMITTEE (In F American Hospital Associ	than using the name and addre ull)	tot be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Mr. Mark Seklecki	nitial)		Date of Receipt
Mailing Address 325 Sever Suite 700	nth Street, NW		05 31 7 2010
City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR327858023712 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		20004-2010	80.00
Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify) ▼	Aggregate Y	dent, Political Affairs ∕ear-to-Date ▼ 400.00	P/R Deduction (\$40.00 Bi-Weekly)
Full Name (Last, First, Middle Mr. John F. Barry Mailing Address One North	,		Date of Receipt 0 5 3 1 2 0 1 0
City	State	Zip Code	Transaction ID: PR327877823712
Millis FEC ID number of contributing federal political committee.	MA C	60606-3436	Amount of Each Receipt this Period 80.00
Name of Employer American Hospital Association-Chicago Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Executive ✓ ear-to-Date ▼ 400.00	P/R Deduction (\$40.00 Bi-Weekly)
Full Name (Last, First, Middle Mr. George F. Bergstrom Mailing Address 130 North	nitial) Garland Court		Date of Receipt
#3002 City	State	Zip Code	05 31 2010
<u>Chicago</u>	IL	60602-4750	Transaction ID: PR327895723712 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		90.00
Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify)		dent ′ear-to-Date ▼ 325.00	P/R Deduction (\$45.00 Bi-Weekly)
SUBTOTAL of Receipts This Pa	ge (optional)		250.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any pe name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
/	American Hospital Association PAC Full Name (Last, First, Middle Initial)		
	Mr. Richard J. Umbdenstock Mailing Address 325 Seventh Street, NV	V	Date of Receipt
	Suite 700		05 31 2010
	City	State Zip Code	Transaction ID: PR328132823712
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation President and Chief Executive Office	cer
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach		Date of Receipt
	Mailing Address 204 7th Ave		05 31 Y Y Y Y Y
	City	State Zip Code	Transaction ID: PR328136923712
	<u>La Grange</u>	IL 60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice President, Member Relation	ons
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian		Date of Receipt
	Mailing Address 5545 North Wayne		05 31 7 2010
	City	State Zip Code	Transaction ID: PR328223823712
	Chicago	IL 60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$40.00 Bi- Weekly)
Γ	SUBTOTAL of Receipts This Page (optional)		240.00

[7]	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	ny information copied from such Reports and Sir for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Hospital Association PAC			
۷.	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
	Mailing Address 3475 North Venice Stre	eet		05 31 2010
	City	State	Zip Code	Transaction ID: PR328260923712
	Arlington	VA	22207-4446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive	n e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$40.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700			05 31 2010
	City Washington	State DC	Zip Code 20004-2818	Transaction ID: PR328341823712
	FEC ID number of contributing federal political committee.	C	20004-2010	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Washingt	. '	Political Action & Grassroot	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 410.00	P/R Deduction (\$40.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			05 31 2010
	City	State	Zip Code	Transaction ID: PR328511823712
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Chicago		Executive	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Doduction (\$40.00 B)
	Other (specify)		400.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)			240.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 1
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any perso name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke		Date of Receipt
	Mailing Address One North Franklin Ave		05 31 7 2010
	City <u>Chicago</u>	State Zip Code IL 60606	Transaction ID: PR328913323712 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General Other (specify) ▼	Occupation President & CEO, AHA Solutions, Inc Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$40.00 Bi-Weekly)
	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD Mailing Address One North Franklin		Date of Receipt
	Mailing Address One North Franklin		05 7 31 7 2010
	Chicago	State Zip Code	Transaction ID: PR329071323712
	Chicago FEC ID number of contributing federal political committee.	IL 60606-3436	Amount of Each Receipt this Period 80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation President & Chief Operating Officer, 0	<u> </u>
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese		Date of Receipt
	Mailing Address 500 Interstate Bouleval	rd South	05 31 YYYY 2010
	City	State Zip Code	Transaction ID: PR329215723712
	Nashville	TN 37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional Executive	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)		240.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sch for each category Detailed Summary	of the
or for commercial purposes, other than using the	atements may not be sold or used l name and address of any political o	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca		Date of Receipt
Mailing Address 4960 138th Cricle Wes		05 31 7 2010
City	State Zip Code	Transaction ID: PR330475423712
Apple Valley	MN 55124-9229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		P/R Deduction (\$40.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe		Date of Receipt
Mailing Address 172 Atteridge		0 5
City	State Zip Code	Transaction ID: PR330549223712
Lake Forest	IL 60045-1715	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, Constituent	cy Section
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr.	<u> </u>	Date of Receipt
Mailing Address 6225 US Hwy 290 E		05 31 7 2010
City	State Zip Code	Transaction ID: PR331416023712
Austin	TX 78761-5587	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional Executive fo	r TX
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	6	P/R Deduction (\$60.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		280.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 83 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any person name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt
	Mailing Address 521 Great Falls St. City	State Zip Code	0 5 3 1 2 0 1 0 Transaction ID: PR331533223712
	Falls Church	VA 22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President, Policy	- -
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$40.00 Bi- Weekly)
- 3.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy		Date of Receipt
	Mailing Address One North Franklin		05 31 4 2010
	City	State Zip Code	Transaction ID: PR346168123712
	Chicago	IL 60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice President, PMG	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh		Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700		05 31 2010
	City	State Zip Code	Transaction ID: PR517619723712
	Washington	DC 20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice President Executive Branch Relat	i -
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$40.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	>	240.00

S

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 83 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Megan Cundari Mailing Address 325 Seventh Street, NV Suite 700 City	N State Zip Code	Date of Receipt M
Washington FEC ID number of contributing federal political committee.	DC 20004-2818	Amount of Each Receipt this Period 60.00
Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify)	Occupation Senior Associate Director Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$21.74 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	•	60.00
TOTAL This Period (last page this line number only)	•	34854.30

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 83
			for each category of the	(check only one)
	IT LIMIZED RECEIP 13		Detailed Summary Page	11a 11b 11c 12
				13 14 15 X 16 17
	Any information copied from such Reports and Stator for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
Α.	Full Name (Last, First, Middle Initial) Stupak For Congress			Date of Receipt
	Mailing Address 817 Ninth Avenue P.O. PO Box 143	Box 156		05 18 YYYY 2010
	City	State	Zip Code	Transaction ID: 18278434
	Menominee	MI	49858	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	270140	250.00
	Name of Employer	Occupation	n	
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	Refund of Contribution
В.	Full Name (Last, First, Middle Initial) A Lot Of People For Dave Obey			Date of Receipt
	Mailing Address P O Box 1322 PO Box 1322			05 07 2010
	City	State	Zip Code	Transaction ID: 18319537
	Wausau	WI	54402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0017830	5000.00
	Name of Employer	Occupation	n	
	Receipt For: 2010 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	Refund of Contribution

SUBTOTAL of Receipts This Page (optional)	•	5250.00
TOTAL This Period (last page this line number only)	<u> </u>	5250.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 83 (check only one) 11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED Mailing Address One Empire Drive	PAC	Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Rensselaer	State Zip Code NY 12144	Transaction ID: 18284551 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00160259	15000.00
Name of Employer	Occupation	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 118500.00	
Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of PA - Fed Mailing Address Post Office Box 860		Date of Receipt M
City	State Zip Code	Transaction ID: 18288757
Harrisburg	PA 17105-8600	Amount of Each Receipt this Period
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Hospital and Healthsystem Assoc. of PA - Fed Mailing Address Post Office Box 860		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18332735
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NAME OF COMMITTEE (In Full)			
American Hospital Association PA	С		
Full Name (Last, First, Middle Initial) Citibank, F.S.B.			Date of Receipt
Mailing Address 1400 G Street, NW	1		05 28 2010
City	State	Zip Code	Transaction ID: 18321346
Washington	DC	20005	Amount of Each Receipt this Period
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Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1194.95	Interest Earned

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<u>/</u>	Full Name (Last, First, Middle Initial) Harry Mitchell For Congress				Transaction ID: 18229811 Date of Disbursement
	Mailing Address PO Box 23748				$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ O & S & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix}$
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	City Chicago	State IL	Zip Code 60618		Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) Sanford D. Bishop, Jr. For Congress				Transaction ID: 18229822 Date of Disbursement
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American Hospital Association PAC														
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NAME OF COMMITTEE (In Full) American Hospital Association PAC	and address of any pointed		
Full Name (Last, First, Middle Initial) Mike Thompson For Congress			Transaction ID: 18270086 Date of Disbursement
Mailing Address 5429 Madison Avenue			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Sacramento	State Zip Code CA 95841		Amount of Each Disbursement this Period
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Candidate Name Rep. Michael Thompson		Category/ Type	
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State: CA District: 01 Full Name (Last, First, Middle Initial)			Transaction ID: 18270087
Becerra For Congress Mailing Address P.O. Box 261060			Date of Disbursement 0 5
City Los Angeles	State Zip Code CA 90026		Amount of Each Disbursement this Perio
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Candidate Name Rep. Xavier Becerra		Category/ Type	
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Full Name (Last, First, Middle Initial) Friends Of Phil Hare			Transaction ID: 18270088 Date of Disbursement
Mailing Address 224 18th Street P.O. Box 4183			05 05 7 2010
City Rock Island	State Zip Code IL 61204		Amount of Each Disbursement this Perio
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Full Name (Last, First, Middle Initial) Bright For Congress			Transaction ID Date of Disburs	
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City Montgomery	State Zip Code AL 36102		Amount of Each	Disbursement this Period
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Candidate Name Rep. Bobby Neal Bright, Sr.		Category/ Type		
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State: AL District: 02 Full Name (Last, First, Middle Initial) Bill Foster For Congress Committee			Transaction ID Date of Disburs	
Mailing Address PO Box 703			0 5 M / D	05 7 2010
City Geneva	State Zip Code IL 60134		Amount of Each	Disbursement this Period
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Candidate Name Rep. Bill Foster		Category/ Type		
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City Tucson	State Zip Code AZ 85732		Amount of Each	Disbursement this Period
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<u>/</u>	Full Name (Last, First, Middle Initial) Halvorson For Congress				Transaction ID: 18270092 Date of Disbursement
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	Candidate Name Rep. Deborah L. Halvorson	I a		Category/ Type	
	Office Sought: X House Senate President	Disbursement For: Primary Other (specify)	2010 General ▼		Contribution
	State: IL District: 11 Full Name (Last, First, Middle Initial) Jim Himes For Congress				Transaction ID: 18270093 Date of Disbursement
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	City Fairfield		Code 824		Amount of Each Disbursement this Peri
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. James A. Himes			Category/ Type	
	Office Sought: X House Senate President State: CT District: 04	Disbursement For: X Primary Other (specify)	2010 General		Contribution
	Full Name (Last, First, Middle Initial) Frank Kratovil For Congress	1			Transaction ID: 18270094 Date of Disbursement
	Mailing Address 222 Main Sail PO Box 518	Drive			$ \begin{bmatrix} 0.5 & M & 1 & 0.5 & 1 & 0.5 & 1 & 0.5 & 1 & 0.5 & 1 & 0.5 \end{bmatrix} $
	City Stevensville		Code 666		Amount of Each Disbursement this Peri
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Frank M. Kratovil, Jr.			Category/ Type	
	Office Sought: X House Senate	Disbursement For: X Primary	2010 General		Contribution
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	y Information copied from such Reports and State for commercial purposes, other than using the nan				
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<u>'</u>	Full Name (Last, First, Middle Initial) Bill Owens For Congress				Transaction ID: 18270095 Date of Disbursement
	Mailing Address PO Box 1575				05 / 05 / 2010
	City Plattsburgh	State NY	Zip Code 12901		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Bill Owens			Category/ Type	
		sement For: C Primary Other (spe	2010 General ecify)		Contribution
	Full Name (Last, First, Middle Initial) Perriello For Congress				Transaction ID: 18270096
	Mailing Address PO Box 306				Date of Disbursement M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Ivy	State VA	Zip Code 22945		Amount of Each Disbursement this Perio
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	Candidate Name Rep. Thomas Stuart Price Perriello			Category/ Type	
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	Full Name (Last, First, Middle Initial) Schauer For Congress				Transaction ID: 18270097 Date of Disbursement
	Mailing Address PO Box 100				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code 49016		Amount of Each Disbursement this Perio
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Full Name (Last, First, Middle Initial) Kurt Schrader For Congress							on ID: sburse	18270 ment	098		
Mailing Address PO Box 3314					0 ^M 5	M /	^D 0	5 /	ž	0 Ť 0	Y
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\rangle	American Hospital Association	PAC			
	Full Name (Last, First, Middle Initial) Bob Goodlatte For Congress C	committee			Transaction ID: 18270101 Date of Disbursement
	Mailing Address P.O. Box 292				0 5 0 5 2 0 1 0 Y
	City Roanoke	State VA	Zip Code 24002		Amount of Each Disbursement this Pe
	Purpose of Disbursement Contribution			011	500.00
	Candidate Name Rep. Robert W. Goodlatte			Category/ Type	
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	State: VA District: 06		ъреспу) ▼		
	Full Name (Last, First, Middle Initial) AMERIPAC: The Fund for a Gi	eater America			Transaction ID: 18271769 Date of Disbursement
	Mailing Address 607 Fourteer Suite 800	th Street, NW			05 7 2 0 1 0
	City Washington	State DC	Zip Code 20005		Amount of Each Disbursement this Pe
	Purpose of Disbursement 2010 Contribution			011	2500.00
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	Office Sought: House Senate President	Disbursement For Primary Other (s			2010 Contribution
	State: District: Full Name (Last, First, Middle Initial)				Transaction ID: 18271770
	Martin Heinrich For Congress,				Date of Disbursement
	Mailing Address 2118 Central #71	Avenue Se			05 10 7 2010
	City Albuquerque	State NM	Zip Code 87106		Amount of Each Disbursement this Pe
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	Candidate Name Rep. Martin Heinrich			Category/ Type	
	Office Sought: X House Senate	Disbursement Fo	General	, ,,	Contribution
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Mailing Address PO I	Box 526					0.5	1 / D	0 /	Y 2	0 1 0	Y
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	y Information copied from such Reports and Stat or commercial purposes, other than using the na				
$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC	and address of any points			o solicit doriti battorio il orii sacri committee
<u> </u>	Full Name (Last, First, Middle Initial) A Whole Lot Of People For Grijalva Con	gressional C			Transaction ID: 18272230 Date of Disbursement
	Mailing Address PO Box 1242				05 10 7 2010
	City Tucson	State Zip Code AZ 85702			Amount of Each Disbursement this Peri
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Raul M. Grijalva			ategory/ Type	
	Senate President	rsement For: 2010 X Primary General Other (specify) ▼			Contribution
	State: AZ District: 07 Full Name (Last, First, Middle Initial) Guthrie For Congress				Transaction ID: 18272231
	Mailing Address PO Box 9639				Date of Disbursement M 5 M / D D / Y Y Y O Y O Y O Y O Y O Y O Y O Y O Y
	City Bowling Green	State Zip Code KY 42102			Amount of Each Disbursement this Peri
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	Candidate Name Rep. Brett Guthrie			ategory/ Type	
	Office Sought: X House Senate President State: KY District: 02	rsement For: 2010 X Primary General Other (specify)	•		Contribution
	Full Name (Last, First, Middle Initial) Orrin PAC				Transaction ID: 18278410 Date of Disbursement
	Mailing Address 175 S. West Temple S	uite 650			05
	City Salt Lake City	State Zip Code UT 84101			Amount of Each Disbursement this Peri
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	Full Name (Last, Bill Owens For	First, Middle Initial) Congress	1						Date	of Disb	ID: 1				
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\sum_{i}	NAME OF COMMITTEE (In Full) American Hospital Association PAC		oo o. a.i, poilisa		
	Full Name (Last, First, Middle Initial) Nita Lowey For Congress				Transaction ID: 18278414 Date of Disbursement
	Mailing Address PO Box 271				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City White Plains	State NY	Zip Code 10605		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution Candidate Name			011	1000.00
	Rep. Nita M. Lowey	sement For:	2010	Category/ Type	-
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	Full Name (Last, First, Middle Initial) Scott Garrett For Congress				Transaction ID: 18278430 Date of Disbursement
	Mailing Address P.O. Box 905				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Newton	State NJ	Zip Code 07860		Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			011	1000.00
	Candidate Name Rep. Scott Garrett			Category/ Type	
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	State: NJ District: 05 Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee		Zip Code 19480		Date of Disbursement O 5 M / D 1 3 / Y 2 0 1 0 Y Amount of Each Disbursement this Period
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	Mailing Address	818 Sw Third A	Ave. #1182			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
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	City Somerville	State Zip Code MA 02144				Amou	nt of	Each	Disbu	rseme	nt this F	Period
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	Mailing Address 1011 Montana Ave					0 5			7		ž o i o	
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Full Name (Last, First, Middle Initial)							Trans	sacti	ion	ID:	183	25	523		
Cathy Mcmorris Rodgers For Congress							Date			ırseı	ment				
Mailing Address Box 137							0 ^M 5	М	′	^D 2	5 /	Y	ž	0 1 (o ^Y
City Spokane	State WA	Zip Code 99210					Amou	ınt o	f Ea	ach I	Disbu	rsei	nen	t this	Period
Purpose of Disbursement Contribution			Г	0	11								10	00.00	0
Candidate Name Rep. Cathy McMorris Rodgers					egory/ ype										
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CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 75 / 83 y one) 22 x 23 24 25
	Detailed Summary Page	27	28a 28b 28c 29
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NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 18325524
Ike Skelton For Congress Committee Mailing Address P.O. Box A			Date of Disbursement O 5 2 5 2 0 1 0
City Harrisonville	State Zip Code MO 64701		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Ike Skelton		Category/ Type	
1	ement For: 2010 Primary General Other (specify)		Contribution
State: MO District: 04			
Full Name (Last, First, Middle Initial) Zack Space For Congress Committee			Transaction ID: 18325525 Date of Disbursement
Mailing Address 726 Sixteenth Street Ne			05 7 25 7 2010
City Massillon	State Zip Code OH 44646		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Zachary T. Space		Category/ Type	
Office Sought: X House Senate President State: OH District: 18	ement For: 2010 Primary X General Other (specify)	,	Contribution
Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dak	ota		Transaction ID: 18325526 Date of Disbursement
Mailing Address PO Box 2009			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & 5 \\ 2 & 5 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Sioux Falls	State Zip Code SD 57101		Amount of Each Disbursement this Peri
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Stephanie Herseth Sandlin		Category/ Type	
9 1	ement For: 2010 Primary General Other (specify)	,	Contribution
State: SD District: 01			

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s			(S) (check				(S) (cho		e scriedule(s)				n.		L	PAGE	76 / 8	33
	EMIZED DISBURSEMENTS	Detailed Summary Pag		Ė	21b 27	22 28a		23 28b	24 28	Sc _	25 29									
	y Information copied from such Reports and Stor commercial purposes, other than using the											3								
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC																			
<u>/</u>	Full Name (Last, First, Middle Initial) Friends Of John Barrow					Trans			183 ement	25527	7									
	Mailing Address PO Box 8166					0 ^M 5	M /	^D 2	^D /	YZ	2 0 1 0) Y								
	City Savannah	State Zip Code GA 31412				Amou	int of	Each	Disbui		nt this F	-								
	Purpose of Disbursement Contribution			01			-			10	00.00									
	Candidate Name Rep. John Barrow	0040	С	ate Typ	gory/ pe															
	Senate President	oursement For: 2010 X Primary General Other (specify) ▼				Contr	ibuti	on												
	State: GA District: 12 Full Name (Last, First, Middle Initial) Kildee For Congress Committee					Trans			183 ement	25528	3									
	Mailing Address P.O. Box 317					0 ^M 5	M /	^D 2	5 /	YZ	2 0 1 0) ^Y								
	City Flint	State Zip Code MI 48501				Amou	int of	Each	Disbui	semer	nt this F	Perio								
	Purpose of Disbursement Contribution Candidate Name			01	1 gory/	L.	•			10	00.00									
	Rep. Dale E. Kildee			Typ																
	Office Sought: X House Senate President State: MI District: 05	oursement For: 2010 X Primary General Other (specify)				Contr	ibuti	on												
	Full Name (Last, First, Middle Initial) Committee To Reelect Congressman (Chris Smith				Date	of Dis	burse												
	Mailing Address P.O. Box 3184					0 5	M /	^D 2	5	2	2 0 1 C) \								
	City Hamilton	State Zip Code NJ 08619				Amou	int of	Each	Disbui		nt this F									
	Purpose of Disbursement Contribution Candidate Name		Ĺ	01		L.	-			10	00.00									
	Rep. Christopher H. Smith			ateç Typ	gory/ oe															
	Office Sought: X House Senate President State: NJ District: 04	wursement For: 2010 X Primary General Other (specify)	•			Contr	ibuti	on												
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	(check on	E NUMBER: PAGE 77 / 83
ITEMIZED DISBURSEMENTS	Detailed Summary Page		22 X 23 24 25 28a 28b 28c 29
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NAME OF COMMITTEE (In Full) American Hospital Association PAC	a a.u aan coo c. a., poca		
Full Name (Last, First, Middle Initial)			Transaction ID: 18325541
Inglis For Congress Committee Inc.			Date of Disbursement
Mailing Address PO Box 210			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Travelers Rest	State Zip Code SC 29690		Amount of Each Disbursement this Period
Purpose of Disbursement	30 29090		2000.00
Contribution		011	
Candidate Name Rep. Robert Durden Inglis		Category/ Type	
Senate President	x Primary		Contribution
State: SC District: 04			
Full Name (Last, First, Middle Initial) Higgins For Congress			Transaction ID: 18325591 Date of Disbursement
Mailing Address PO Box 28			$\begin{bmatrix} 0.5 & \text{M} & \text{M} & \text{D} & \text{D} & \text{D} & \text{M} & \text{Y} &$
City Buffalo	State Zip Code NY 14220		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Brian M. Higgins		Category/ Type	
Office Sought: X House Senate President State: NY District: 27	rrsement For: 2010 Primary X General Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial) Friends Of Frank Wolf			Transaction ID: 18325592 Date of Disbursement
Mailing Address P.O. Box 221585			$\begin{bmatrix} \begin{smallmatrix} M \\ D \\ D \end{smallmatrix} \end{bmatrix}^M \begin{bmatrix} \begin{smallmatrix} D \\ D \\ D \end{smallmatrix} \end{bmatrix}^D \begin{bmatrix} \begin{smallmatrix} Y \\ D \\ D \\ D \end{smallmatrix} \end{bmatrix} \begin{bmatrix} \begin{smallmatrix} Y \\ D \\ D \\ D \end{bmatrix} \begin{bmatrix} Y \\ D \\ D \end{bmatrix} \begin{bmatrix} Y \\ D \\ D \end{bmatrix}$
City Chantilly	State Zip Code VA 20153		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Frank R. Wolf		Category/ Type	
Office Sought: X House Senate President	ursement For: 2010 X Primary General Other (specify)	1 700	Contribution
State: VA District: 10			
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	•	First, Middle Initial) nder For Congress 319 Nancy Ro						Date of		sburse	1832 ement 5 /		0 1 0	Y
	City Quitman	<u> </u>		State LA	Zip Code 71268			Amou	nt o	f Each	Disburs	emen	t this P	eriod
	Purpose of Disbu Contribution	rsement		LA	71200	01			-			10	00.00	
	Candidate Name Rep. Rodney A		I pistomo		0040	ateg Typ	e							
	Office Sought: State: LA	X House Senate President District: 05		ment For: Primary Other (spe	2010 General			Contri	ibut	ion				
	Full Name (Last, Richard Burr C	First, Middle Initial) committee						Date		sburse				Y
	Mailing Address	Post Office Box	x 5928					0 5		2	7 /	2	0 1 0	
	City Winston-Salen			State NC	Zip Code 27113			Amou	nt o	f Each	Disburs		t this P	-
	Purpose of Disbu Contribution Candidate Name Richard Burr	rsement				01 ateg Typ	ory/						00.00	
	Office Sought:	House X Senate President District:	Disburse	ment For: Primary Other (spe	2010 X General ecify) V			Contri	ibut	ion				
	Full Name (Last, Cleaver For Co	First, Middle Initial) ongress						Date of	of Di	sburse				
	Mailing Address	4801 Main Stre	eet, Suite 1	000				o ^M 5	M	^D 2	7 /	ž	0 1 0	Y
	City Kansas City			State MO	Zip Code 64112			Amou	nt o	f Each	Disburs	-		-
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	spital Association PA	∤ C											
,	t, First, Middle Initial) at Coalition Political	Action Committe	ee						on ID:		3149	7	
Mailing Address	s 607 14th Street	NW Suite 800					0 ^M 5	M /	^D 2	8 /	Y 2	2 0 1 (0 Y
City Washington		State DC	Zip Code 20005				Amou	int of	Each	Disbu	rsemer	nt this I	Perio
Purpose of Disk				Г	011	7					-50	00.00)
Candidate Nam		Action Committe	ee	Ca	ategory Type	:/							
Office Sought:	House Senate President	Disbursement For Primary Other (s			21		Void	of 4/	10 ch	ieck			
State:	District: t, First, Middle Initial)												
Levin For Co	•						Date	of Dis	sburse	ement	3272		
Mailing Address	s PO Box 37						0 ^M 5	М /	^D 1	^D 7	2	2 0 1 () Y
City Roseville		State MI	Zip Code 48066				Amou	nt of	Each	Disbu	rsemer	nt this I	Perio
Purpose of Dist	oursement			Г	011	7	<u> </u>				10	00.00)
Candidate Nam Rep. Sander	=			Ca	ategory Type	/							
Office Sought:	X House Senate President	Disbursement For Primary Other (s					Contr	ibuti	on				
State: MI	District: 12												
Full Name (Las Childers For	t, First, Middle Initial) Congress								on ID: sburse		3272	7	
Mailing Address	PO Box 177						0 5	M /	1	^D 7	Y	2 0 1 (J Y
City Booneville		State MS	Zip Code 38829				Amou	nt of	Each	Disbu	rsemer	nt this I	Perio
Purpose of Dist Contribution	oursement			Г	011	7	L.				10	00.00)
Candidate Nam Rep. Travis V	le Vayne Childers			Ca	ategory Type	/							
Office Sought:	X House Senate President	Disbursement For X Primary					Contr	ibuti	on				
State: MS	District: 01	Other (s	ppcolly) 🔻										
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President

District: 06

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SCHEDULE B (FEC Form 3X)		OR LINE NUMBER: PAGE 80 / 83
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	heck only one) 21b
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NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Cleaver For Congress		Transaction ID: 18332734 Date of Disbursement
Mailing Address 4801 Main Street, Suite	1000	0 5 M / 2 7 / Y 2 0 1 0 Y
City Kansas City	State Zip Code MO 64112	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	Ô.	500.00
Candidate Name Rep. Emanuel Cleaver, II	Ту	gory/ pe
	ement For: 2010 Primary General Other (specify)	Contribution
Full Name (Last, First, Middle Initial) Pallone For Congress		Transaction ID: 18336673 Date of Disbursement
Mailing Address PO Box 3176		0 5 M / 2 5 / Y 2 0 1 0 Y
City Long Branch	State Zip Code NJ 07740	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	Ó.	
Candidate Name Rep. Frank Pallone, Jr.	Ту	gory/ pe
Office Sought: X House Disburse Senate	ement For: 2010 Primary X General	Contribution

SUBTOTAL of Disbursements This Page (optional)	•	5500.00
TOTAL This Period (last page this line number only)	•	115500.00

Other (specify)

State: NJ

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 81 / 83
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)	- · · · · · · · · · · · · · · · · · · ·		
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 18321331
American Express			Date of Disbursement
Mailing Address Ste. 001			05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City	State Zip Code		Amount of Each Disbursement this Period
Chicago	IL 60679		4.95
Purpose of Disbursement Merchant Fees		001	4.90
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		Merchant Fees
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: 18321332 Date of Disbursement
Mailing Address Ste. 001			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ O & S \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix}$
City	State Zip Code		Amount of Each Disbursement this Period
Chicago	IL 60679		
Purpose of Disbursement Merchant Fees		001	133.74
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		Merchant Fees
State: District: Full Name (Last, First, Middle Initial)			
Merchant Bankcard			Transaction ID: 18321335 Date of Disbursement
Mailing Address 1601 Elm Street			05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Dallas	State Zip Code TX 75201		Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Fees		001	80.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		Merchant Fees
State: District:	<u> </u>		
SUBTOTAL of Disbursements This Page (optional)		>	218.69

TOTAL This Period (last page this line number only)

Senate

District:

President

age# 10990770955				
SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b	PAGE 82 / 83 y one) 22	26 30b
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NAME OF COMMITTEE (In Full) American Hospital Association PAC	71			
Full Name (Last, First, Middle Initial) Paymentech Mailing Address 14221 Dallas Parkway Building Two			Transaction ID: 18321338 Date of Disbursement M M M D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code TX 75254		Amount of Each Disbursement this Perio	d
Purpose of Disbursement Merchant Fees Candidate Name		001 Category/ Type	339.11	_
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		Merchant Fees	
Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW			Transaction ID: 18321341 Date of Disbursement M 5 M / D 1 8 / Y Y Y O Y O Y O Y O Y O Y O Y O Y O Y	
	State Zip Code DC 20005		Amount of Each Disbursement this Perio	d
Purpose of Disbursement Bank Fee Candidate Name		001 Category/ Type	60.61	_
	ment For:		Bank Fee	

General

SUBTOTAL of Disbursements This Page (optional)		3					399.72		
TOTAL This Period (last page this line number only)	<u> </u>		_					618.41	

Primary

Other (specify)

State:

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITUR	ES	PAGE 83 / 83 FOR LINE 24 OF F	ORM 3X
NAME OF COMMITTEE (In Full) American Hospital Association PAC		C C00106146	BER 🔻
Check if 24-hour notice 48-hour notice Full Name (Last, First, Middle, Initial) of Payee		Date	
GMMB Mailing Address 1010 Wisconsin Ave NW Suite 800		Amount 251455.54	
City State Washington DC Purpose of Expenditure TV Advertising and	Zip Code 20007 Category/ 004		_AR
TV Advertising and Production Name of Federal Candidate supported or Opposed by expending Sen. Blanche Lambert Lincoln	Type	Check One: X Support Opp	
Calendar Year-To-Date Per Election for Office Sought	251455.54	Other (specify) :	General

(a) SUBTOTAL of Itemized Independent Expenditures		251455.54
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		251455.54
Under penalty of perjury I certify that the independent expenditures reporte or at the request or suggestion of, any candidate or authorized committee committee) any political party committee or its agent.	•	
Ms. Melinda Hatton Signature	Date 06 1	7 2010